

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. 		<p>A. Signature <i>Troy King</i></p> <p>B. Received by (Printed Name) <i>Basalt Davis</i></p> <p>C. Date of Delivery <i>12-1</i></p> <p>address different from item 1? <input type="checkbox"/> Yes ter delivery address below: <i>06CV1079</i></p>	
<p>11111111111111111111</p> <p>Troy King Attorney General for the State of AL 11 S. Union Street Montgomery, AL 36101</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service) <i>7006 0810 0005 2150 5680</i></p>		<p>Domestic Return Receipt</p>	

PS Form 3811, February 2004

102595-02-M-1540